

## **APPENDIX F - GRIEVANCE PROCEDURE AND REPORTING FORM**

### **Department of Land and Natural Resources**

Grievance Procedures  
for Complaints of Discrimination  
In access to Services Programs and Facilities  
for persons with disabilities

All Grievances should be in writing and contain as much information as possible about the alleged discrimination (i.e. name, address, phone number, location and description of alleged incident, etc.). The use of the Complaint form is recommended but not required. Complaint forms are available from.

Clyde Y. Hosokawa  
Kalanimoku Building, Room 310  
1151 Punchbowl Street  
Honolulu, Hawaii 96813  
Phone: 1-(808) 587-0303 (voice/TDD)  
Fax: 1-(808) 587-0311

The grievant or his/her designee should submit the written grievance, within thirty (30) calendar days of the alleged violation to the above address. Other arrangements for submission of a grievance (i.e. personal interview, large print or tape recording) will be made available for anyone requesting an accommodation.

Within thirty (30) calendar day of the receipt of the complaint, the ADA Coordinator or designee will respond in writing (or other such method as requested (i.e.: large print, audio cassette or TDD) to the complainant and or his/her designee. The response will offer a resolution or explain the position of the Department of Land and Natural Resources with respect to the complaint.

If the response by the ADA Coordinator does not satisfactorily resolve the issue(s), the complainant or designee may request a hearing not later than fifteen (15) calendar days thereafter. A hearing will be held within thirty (30) calendar days of the date of such request, before the Chairperson of the Department of Land and Natural Resources or designee at a location based on the specifics of the complaint. Within thirty (30) calendar days of the hearing, the complainant or designee will receive the final resolution in writing (or other acceptable form of communications). In addition, the complainant will be informed of alternate avenues of redress available to the complainant.

**DEPARTMENT OF LAND AND NATURAL RESOURCES  
AMERICANS WITH DISABILITIES ACT – TITLE II**

**GRIEVANCE FORM  
(OPTIONAL)**

**1. Complainant**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**2. Designee (if applicable)**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**3. Date (s) Incident Occurred:** \_\_\_\_\_

**4. Nature of Complaint**

**(Please include date, time, place, people involved, witnesses and circumstances).**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Request for Special Accommodations (Describe)** \_\_\_\_\_

\_\_\_\_\_

**Mail / Fax To:**  
Clyde Y. Hosokawa  
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1151 Punchbowl Street  
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